

Commercial/Healthcare Exchange PA Criteria

Effective: August 1, 2015

Prior Authorization: Corlanor

Products Affected: Corlanor (ivabradine) oral tablet, Corlanor (ivabradine) oral solution, Ivabradine oral tablet

Medication Description: Corlanor blocks the hyperpolarization-activated cyclic nucleotide-gated (HCN) channel responsible for the cardiac pacemaker If current, which regulates heart rate. In clinical electrophysiology studies, the cardiac effects were most pronounced in the sinoatrial (SA) node, but prolongation of the AH interval has occurred as has PR interval prolongation. There was no effect on ventricular repolarization and no effects on myocardial contractility

Covered Uses:

1. Reducing the risk of hospitalization for worsening heart failure in patients with stable, symptomatic chronic heart failure with left ventricular ejection fraction $\leq 35\%$, who are in sinus rhythm with resting heart rate ≥ 70 beats per minute and either are on maximally tolerated doses of beta-blockers or have a contraindication to beta-blocker use.
2. Treatment of stable symptomatic heart failure due to dilated cardiomyopathy (DCM) in pediatric patients aged 6 months and older, who are in sinus rhythm with an elevated heart rate.

Exclusion Criteria:

1. Acute decompensated heart failure
2. Sick sinus syndrome, sinoatrial block or 3rd degree atrioventricular block, unless a functioning demand pacemaker is present
3. Severe hepatic impairment
4. Pacemaker dependence (heart rate maintained exclusively by the pacemaker)
5. Concomitant use of strong cytochrome P450 3A4 (CYP3A4) inhibitors
6. Clinically significant hypotension or bradycardia

Required Medical Information:

1. Diagnosis
2. Medical history
3. Medications tried and failed

Age Restrictions: 6 months and older

Prescriber Restrictions: Prescribed by, or in consultation with, a cardiologist.

Coverage Duration: 12 months

Other Criteria:

Heart failure in adult patients:

1. Patient has a diagnosis of NYHA class II, III, or IV systolic heart failure; **AND**

2. Documentation of left ventricular ejection fraction $\leq 35\%$; **AND**
3. Documentation of sinus rhythm with resting heart rate ≥ 70 beats per minute; **AND**
4. Documentation of blood pressure $\geq 90/50$ mmHg; **AND**
5. Documentation of previous treatment, intolerance, or contraindication to maximally tolerated doses of at least one beta-blocker (e.g., carvedilol, metoprolol, or bisoprolol)

Heart failure in pediatric patients

1. Patient has a diagnosis of stable, symptomatic heart failure due to dilated cardiomyopathy; **AND**
2. Documentation of sinus rhythm and elevated heart rate.

References:

1. CORLANOR(R) oral tablets, oral solution, ivabradine oral tablets, oral solution. Amgen Inc (per FDA), Thousand Oaks, CA, 2019.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	8/2015
2	Update	Moved to updated template Added medication description Added criteria for heart failure in pediatric patients	All	3/12/2020
3	Update	Addition of Ivabradine oral tablet to policy	Products affected	8/21/2024